



PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/847,050
		Filing Date	04/30/2001
		First Named Inventor	MAX FRIEDHEIM
		Art Unit	3742
		Examiner Name	S.Y. PAIK
Total Number of Pages in This Submission	13	Attorney Docket Number	1776-010

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)				
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences				
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information				
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter				
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):				
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer					
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund					
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____					
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application						
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53						
<table border="1"> <tr> <td>Remarks</td> <td>ENCLOSED ARE:</td> </tr> <tr> <td colspan="2">(1) Base Issue Fee Transmittal; (2) Fee Transmittal (3) Formal Drawings (4) Check for \$700.00 for Base Issue Fee</td> </tr> </table>			Remarks	ENCLOSED ARE:	(1) Base Issue Fee Transmittal; (2) Fee Transmittal (3) Formal Drawings (4) Check for \$700.00 for Base Issue Fee	
Remarks	ENCLOSED ARE:					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	EVANNS & WALSH
Signature	
Date	2/27/06

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JOSEPH R. EVANNS
Signature	
	Date 2/27/06

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MAR 09 2006

IAP78

Effective on 12/08/2005

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 700.00)

Complete If Known

Application Number	09/847,050
Filing Date	04/30/2001
First Named Inventor	MAX FRIEDHEIM
Examiner Name	S.Y. PAIK
Art Unit	3742
Attorney Docket No.	1776-010

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
- 20 or HP =	x	=	=	50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 3 or HP =	x	=	=	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): BASE ISSUE FEE

700.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	25,676	(310) 273-0938

Name (Print/Type) JOSEPH R. EVANNS Date 2/24/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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